

DC Clerk
BR

UNITED STATES COURT OF APPEALS FOR THE SEVENTH CIRCUIT

Dirksen Federal Building
Room 2722 - 219 S. Dearborn Street
Chicago, Illinois 60604

ORDER

Office of the Clerk
Phone: (312) 435-5850
www.ca7.uscourts.govFILED
APR 8, 2008
APR 08 2008

April 07, 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

No.: 08-1655	DANIEL COLEMAN, Petitioner - Appellant v. DONALD A. HULICK, Respondent - Appellee
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Originating Case Information:District Court No: 1:08-cv-00660
Northern District of Illinois, Eastern Division
District Judge Milton Shadur

Upon consideration of the **MOTION TO PROCEED ON APPEAL IN FORMA PAUPERIS**, filed on April 4, 2008, by the pro se appellant:

The pro se appellant has erroneously filed the motion for leave to appeal in forma pauperis in this court. The pro se appellant should have filed the motion in the district court in the first instance. Accordingly,

IT IS ORDERED that the clerk of this court transfer #1 to the clerk of the district court for a ruling on the motion, along with a copy of this order. The pro se appellant is reminded that if the district court denies the informa pauperis motion, he/she must refile the motion in this court pursuant to Fed. R. App. P. 24.

**AFFIDAVIT ACCOMPANYING MOTION FOR
PERMISSION TO APPEAL IN FORMA PAUPERIS**
United States Court of Appeals
for the Seventh Circuit

Daniel Coleman Appellant

v. Case No. 08-1655

Donald A. Hulick Warden

) Appeal from the United States District Court for the
) Northern District of ILLINOIS Eastern Div.

) District Court No. 08 C 660

) District Court Judge Milton I. Shadler, Judge

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Daniel Coleman

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: MARCH 31, 2008

My issues on appeal are:

Lack of Jurisdiction - NO True Bill of Indictment, Trial Court ~~limited~~ the
via Videlicet, Forcible Felony and Home INVASION - NO True Bill. *Not to prosecute*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Self-employment	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Gifts	\$ <u>700.00</u>	\$ <u>N/A</u>	\$ <u>700.00</u>	\$ <u>N/A</u>
Alimony	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Child support	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Other (specify):	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>100.00</u> <u>100.00</u>	\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

U.S.C.A. - 7th Circuit
FILED

APR 04 2008 DDS

GINO J. AGNELLO
CLERK

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
0	0	0	0

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	0	0	0

4. How much cash do you and your spouse have? \$ 0
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	0	0	

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
N/A	0	0
		Make & year: 0
		Model: _____
		Registration # _____
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: 0	0	6
Model: _____	_____	_____
Registration # _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
0	0	0

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
0	0	0

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ N/A	\$ N/A
Are real estate taxes included? [] Yes [] No		
Is property insurance included? [] Yes [] No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0
Transportation (not including motor vehicle expenses)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments) Homeowner's or renter's	\$ 0	\$ 0

Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor vehicle	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>0</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detail)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>0</u>
Total monthly expenses:	\$ <u>0</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

[] Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid or will you be paying an attorney any money for services in connection with this case, including the completion of this form?

[] Yes ☒ No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

[] Yes ☒ No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I have No Job At Menard Prison; only monies are state pay

13. State the address of your legal residence.

Menard Correctional Center
P.O. Box 711 Menard Ill. 62259
Daniel Coleman NB4660.

Your daytime phone number: () 0

Your age: 50 Your years of schooling: 6-ED

Your social-security number: 331-52-7283

*in or Around 1/38/08 - Appellant paid the \$5⁰⁰ fee required and filled-out
IN Forma pauperis Application that's attach; At the present time
been on lock-down; unable to get Copies because of lock-down
Status.*

RECEIVED

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

JAN 30 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITDaniel Coleman
Plaintiff**08C 0660**

v.

Warden - Hulick Donald
Defendant(s)CASE NUMBER 97 CR 9541JUDGE Laurence Fox JUDGE SHADUR**MAGISTRATE JUDGE COLE**

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, DANIEL COLEMAN, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the ~~complaint~~/petition/~~motion~~/appeal. In support of this petition/application/~~motion~~/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # N84660 Name of prison or jail: Menard
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: 10.00

2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____

a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____

b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☐ No
Amount _____ Received by _____

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: January 28, 2008

Daniel Coleman

Signature of Applicant

Daniel Coleman

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, DANIEL COLEMAN, I.D.# 1184660, has the sum of \$ 25.11 on account to his/her credit at (name of institution) MENARD CC.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

1/7/08
DATE

Geraldine Berry

SIGNATURE OF AUTHORIZED OFFICER

GERALDINE BERRY

(Print name)

Time: 2:27pm

d_lst_inmate_trans_statement_composite

**Menard Correctional Center
Trust Fund**

Inmate Transaction Statement

REPORT CRITERIA - Date: 07/01/2007 thru End; Inmate: N84660; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Inmate: N84660 Coleman, Daniel

Housing Unit: MEN-SL-01-15

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							25.61
07/03/07	Point of Sale	60 Commissary	184779	657148	Commissary	-21.01	4.60
07/06/07	Payroll	20 Payroll Adjustment	187159		P/R month of 06/2007	5.00	9.60
07/10/07	Point of Sale	60 Commissary	191779	658902	Commissary	-3.56	6.04
07/13/07	Disbursements	80 Postage	194359	Chk #80855	37679, DOC: 523 Fund Reimburse, Inv. Date: 07/12/2007	-.56	5.48
07/13/07	Disbursements	81 Legal Postage	194359	Chk #80855	37646, DOC: 523 Fund Reimburse, Inv. Date: 07/11/2007	-4.60	.88
07/18/07	Mail Room	01 MO/Checks (Not Held)	199245	10188647447	Thomas, Calvin	20.00	20.88
07/30/07	Disbursements	84 Library	211359	Chk #81089	38342, DOC: 523 Fund Library, Inv. Date: 07/17/2007	-.50	20.38
07/31/07	Disbursements	80 Postage	212359	Chk #81092	39133, DOC: 523 Fund Inmate Re, Inv. Date: 07/26/2007	-1.31	19.07
07/31/07	Disbursements	90 Medical Co-Pay	212359	Chk #81092	38772, DOC: 523 Fund Inmate Re, Inv. Date: 07/20/2007	-2.00	17.07
08/06/07	Mail Room	01 MO/Checks (Not Held)	2182113	05753949478	Coleman, Latanya	10.00	27.07
08/07/07	Payroll	20 Payroll Adjustment	219159		P/R month of 07/2007	4.42	31.49
08/16/07	Mail Room	01 MO/Checks (Not Held)	2282113	11424458542	Nance, Leslie	25.00	56.49
08/17/07	Disbursements	80 Postage	229359	Chk #81344	39836, DOC: 523 Fund Reimburse, Inv. Date: 08/01/2007	-1.14	55.35
08/17/07	Disbursements	80 Postage	229359	Chk #81344	39810, DOC: 523 Fund Reimburse, Inv. Date: 08/01/2007	-1.48	53.87
08/21/07	Point of Sale	60 Commissary	233746	663876	Commissary	-8.53	45.34
08/31/07	Disbursements	84 Library	243359	Chk #81619	41383, DOC - Library Copies, Inv. Date: 08/23/2007	-4.30	41.04
09/04/07	Point of Sale	60 Commissary	247746	666110	Commissary	-20.39	20.65
09/05/07	Disbursements	80 Postage	248359	Chk #81623	41168, DOC: 523 Fund Reimburse, Inv. Date: 08/22/2007	-.17	20.48
09/05/07	Disbursements	80 Postage	248359	Chk #81623	41204, DOC: 523 Fund Reimburse, Inv. Date: 08/22/2007	-1.65	18.83
09/05/07	Disbursements	81 Legal Postage	248359	Chk #81623	41209, DOC: 523 Fund Reimburse, Inv. Date: 08/22/2007	-5.05	13.78
09/05/07	Disbursements	81 Legal Postage	248359	Chk #81623	41210, DOC: 523 Fund Reimburse, Inv. Date: 08/22/2007	-1.65	12.13
09/07/07	Payroll	20 Payroll Adjustment	250159		P/R month of 08/2007	.34	12.47
09/11/07	Point of Sale	60 Commissary	254774	667999	Commissary	-7.33	5.14
09/18/07	Point of Sale	60 Commissary	261792	670108	Commissary	-3.14	2.00
09/27/07	Disbursements	84 Library	270359	Chk #81926	44229, DOC - Library Copies, Inv. Date: 09/26/2007	-.35	1.65
09/28/07	Disbursements	80 Postage	271359	Chk #81954	42816, DOC: 523 Fund Reimburse, Inv. Date: 09/11/2007	-1.65	.00
10/03/07	Mail Room	01 MO/Checks (Not Held)	276245	11427621772	Nance, Tiffany	50.00	50.00
10/09/07	Point of Sale	60 Commissary	282779	673473	Commissary	-25.63	24.37
10/11/07	Payroll	20 Payroll Adjustment	2841107		P/R month of 09/2007	5.00	29.37
10/16/07	Point of Sale	60 Commissary	289746	675476	Commissary	-16.54	12.83
10/31/07	Disbursements	84 Library	304359	Chk #82508	46589, DOC: School Dist. Libra, Inv. Date: 10/22/2007	-1.85	10.98
10/31/07	Disbursements	84 Library	304359	Chk #82508	47202, DOC: School Dist. Libra, Inv. Date: 10/26/2007	-2.75	8.23
10/31/07	Disbursements	84 Library	304359	Chk #82508	46632, DOC: School Dist. Libra, Inv. Date: 10/22/2007	-.35	7.88
10/31/07	Disbursements	81 Legal Postage	304359	Chk #82512	46542, DOC: 523 Fund Reimburse, Inv. Date: 10/22/2007	-4.90	2.98
10/31/07	Disbursements	80 Postage	304359	Chk #82512	46256, DOC: 523 Fund Reimburse, Inv. Date: 10/18/2007	-.17	2.81
11/06/07	Point of Sale	60 Commissary	310767	678862	Commissary	-1.89	.92

Time: 2:27pm

d_list_inmate_trans_statement_composite

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 07/01/2007 thru End; Inmate: N84660; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: N84660 Coleman, Daniel

Housing Unit: MEN-SL-01-15

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
11/07/07	Payroll	20 Payroll Adjustment	311159		P/R month of 10/2007	5.00	5.92
11/13/07	Disbursements	84 Library	317359	Chk #82648	48027, DOC: School Dist. Libra, Inv. Date: 11/05/2007	-.25	5.67
11/13/07	Point of Sale	60 Commissary	317767	680701	Commissary	-4.35	1.32
11/30/07	Disbursements	84 Library	334359	Chk #82960	49215, DOC: 523 Fund Library, Inv. Date: 11/15/2007	-.75	.57
12/07/07	Payroll	20 Payroll Adjustment	341169		P/R month of 11/2007	5.00	5.57
12/10/07	Point of Sale	60 Commissary	344767	685708	Commissary	-4.03	1.54
01/04/08	Mail Room	01 MO/Checks (Not Held)	004245	315919	Coleman, Latanya	20.00	21.54
01/07/08	Payroll	20 Payroll Adjustment	007159		P/R month of 12/2007	3.57	25.11

Total Inmate Funds: 25.11

Less Funds Held For Orders: .00

Less Funds Restricted: .00

Funds Available: 25.11

Total Furloughs: .00

Total Voluntary Restitutions: .00

IN THE
United States Court
of Appeal Seventh Circuit

Daniel Coleman
 Plaintiff,

v.
Donald A. Hulick
 Defendant

)
)
) Case No. 08-1655
) Dist No. 08 C660
)

PROOF/CERTIFICATE OF SERVICE

TO: Clerk of The
United States Court of Appeals
7th Circuit
219 S. Dearborn St.
Chicago, IL 60604-1874

TO: _____

TO: _____

TO: _____

PLEASE TAKE NOTICE that on March 31, 2008, I have placed the documents listed below in the institutional mail at _____ Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service: Affidavit Accompanying Motion For Permission To Appeal
in Forma Pauperis And Copy of In forma Pauperis and Financial Affidavit
filed in the U.S. Dist Court. Filing Fee of \$5⁰⁰ has been paid.

Pursuant to 28 USC 1746, 18 USC 1621 or 735 ILCS 5/1-109, I declare, under penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: March 31, 2008

/s/ Daniel Coleman
 NAME: Daniel Coleman
 IDOC#: 1284660
Menard Correctional Center
 P.O. BOX 711
Menard, IL 62259